



Department of Public Health and Human Services

Public Health & Safety Division ♦ Communicable Disease Control & Prevention Bureau

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Steve Bullock, Governor

Richard H. Opper, Director

***imMTrax* Read Only with Consent Role Agreement**

The Read Only with Consent *imMTrax* role allows authorized users to document or update *imMTrax* consent status.

Montana has a voluntary inclusion or “opt-in” policy requiring client or guardian consent for *imMTrax* participation. Changing client consent without authorization is in violation of HIPAA and state confidentiality laws. When obtaining consent from a client, DPHHS recommends using the language in the IIS consent form available on the Immunization Program’s *imMTrax* website, <http://dphhs.mt.gov/publichealth/imMTrax>.

This function, added to the Read Only *imMTrax* User role, is to be used for the sole purpose of updating *imMTrax* consent status to individual client records where consent has been appropriately obtained or denied.

I, _____, agree to and understand my use and responsibility in the role of documenting consent. I have viewed and understand the required training materials, *Read Only with Consent*, available at <http://dphhs.mt.gov/publichealth/imMTrax/imMTraxTraining.aspx>.

Signature _____ Date _____

Site/Organization _____

Fax completed forms to DPHHS Immunization Program at (406) 444-2920